

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2577

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5951 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo. b. COUNTY Pike	
b. CITY OR TOWN Rural Indian Trip		c. CITY (If outside corporate limits, write RURAL and give township) Curryville 0820	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			
3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) ANNIE c. (Last) VANNOY		4. DATE OF DEATH (Month) (Day) (Year) JAN 16 1953	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Nov 26 1853
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Ashley Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John Atkinson	
13b. MOTHER'S MAIDEN NAME Lucella Britchett		14. NAME OF HUSBAND OR WIFE John C. Vannoy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Miss Nora Vannoy Curryville Mo		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronac Decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 15, 1953 to Jan 16, 1953 , that I last saw the deceased alive on Nov 15, 1953 and that death occurred at 9:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. M. Mathews M.D.		23b. ADDRESS Bowling Green Mo	23c. DATE SIGNED 1-26-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 28 1953	24c. NAME OF CEMETERY OR CREMATORY Ruby	24d. LOCATION (City, town, or county) (State) Pike Co. Mo
DATE REC'D BY LOCAL REG. L-30-53	REGISTRAR'S SIGNATURE Bill Robinson	25. FUNERAL DIRECTOR'S SIGNATURE Walter Donthead Bowling Green Mo	ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1881 87 NY 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Harold C. Kiser

Signed.....
Student Embalmer

Licensed Embalmer No. 4597

P. O. Address Baltimore, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.